

A New Science Editor for EJC



The Editors of *The European Journal of Cancer* are delighted to announce that Professor Ian Hart is to join the Editorial team as Science Editor. Ian Hart, who is currently a principal Senior Scientist at the Imperial Cancer Research Fund in London, is soon to take up the Richard Dimpleby Chair of Cancer Research at St Thomas's Hospital in London. He is visiting Professor to the Division of Biomedical Sciences at Kings College and has previously worked as a scientist in the cancer biology programme at the NCI Frederick Cancer Research Facility in Maryland, U.S.A. His research activities have been directed towards an understanding of mechanisms underlying invasion and metastases, including signal transduction mechanisms, cell adhesion receptors and tumour-related angiogenesis. Professor Hart's group has recently figured prominently in the news following the announcement of their work on gene therapy for melanoma.

Comments and Critique

What is the Correct Hormonal Treatment for Prostate Cancer?

ONCOLOGISTS COULD be forgiven for protesting ignorance if asked "What is the optimal hormonal treatment for prostate cancer?" This is because there is no consensus view as to whether combination endocrine therapy with a gonadotrophin releasing hormone (GnRH) agonist and an anti-androgen, or monotherapy with a GnRH agonist alone is the treatment of choice.

The concept of total androgen ablation became controversial 10 years ago when Fernand Labrie publicised its importance. He suggested that in a disease that was androgen sensitive, it was important to deprive the tumour of all sources of androgen. Orchiectomy, whether surgical or medical, leaves the castrated patient with measurable circulating androgens, the sources of which are primarily adrenal and dietary. These low circulating levels of androgens may be of significance in the prostate because of local concentrating mechanisms.

Dr Labrie's work was challenged by Andrew Schally, the Nobel Laureate and joint discoverer of the structure of GnRH. Dr Schally suggested that the concept was irrelevant because it was based on work in a normal animal model. In normal animals there was a synergy of effect between anti-androgen and GnRH analogue in retarding seminal vesicle and prostate growth[1]. His own work on transplanted prostatic tumours showed no synergy of effect [2].

Despite this challenge and the scepticism in oncological circles that surrounded total androgen ablation, many informed patients pressed for combination endocrine treatment of their cancers. Such was the furore generated by the hypothesis that a National Cancer Institute (NCI)-based investigation was established which was organised by David Crawford. Dr Crawford's study, which was published in the *New England Journal of Medicine* in 1989, showed an advantage of 2 months in terms of response duration and 7 months in overall survival for patients treated with leuprolide and flutamide as compared with those patients treated with leuprolide alone. The study was meticulously conducted and the results were subsequently independently audited and confirmed. Scepticism persists, despite this clear result in a study of over 600 patients[3].

In this issue of *The European Journal of Cancer* (pp. 1088-1093), we publish the findings of the Italian Prostatic Cancer Project Study Group. This trial of 373 patients with locally advanced or metastatic disease compared treatment with goserelin alone or with flutamide. There was no difference in response rates or overall survival between the two patient groups, however, the median follow-up was short at 2 years. In this trial combination therapy led to a more rapid response than monotherapy, but was associated with a 12% incidence of gastrointestinal toxicity.

There are other studies that have examined the value of